Designation of Treasurer Prescribed by Secretary of State 07/05



12 SFP 10 Du 1

All Committees			V ing ² 3	111 00- 11
Full Name of Committee			1014	DALIN COUNTY O OF ELECTIONS
Yes on Issue 24 Committee				U OF ELEČTINAS
Street Address	Telephone N	lumber	e-mail Address	
1919 West Lane Avenue	(614)	332-2065	nyoder@crawfo	ordhoying.com
City	State	Zip Code	FAX Number	
Columbus	OH	43221		
Full Name of Treasurer				
Nelson G. Yoder				
Street Address	Telephone N	Vumber	e-mail Address	
1919 West Lane Avenue	(614)	332-2065	nyoder@crawfordhoying.com	
City	State	Zip Code	FAX Number	
Columbus	ОН	43221		<u> </u>
Full Name of Deputy Treasurer (if any)				
Street Address	Telephone Number		e-mail Address	
City	State	Zip Code	FAX Number	
Candidata's Compoian Committee	age Only			
Candidate's Campaign Committees Only			Party Affiliation number 1	ent/Non-Partican
Full Name of Candidate			Party Affiliation/Independent/Non-Partisan	
Street Address	Office Sought		Subdivision/District	
City	State	Zip Code	Election Year	
Signature of Candidate		.	Date	
Political Action Committees Only	Y			
Is the PAC sponsored by a labor organization or corporation? ∑ No ☐ Yes. name the sponsor				Acronym, if any
PAC Registration Number Authorized ignature	Date Date		List any affiliated PACs	
09/19		09/19/2012	N/A	
Political Parties, Political Contributing E	ntities,			
or Legislative Campaign Funds Only	,		:	
<u> </u>		Date	Ballot Issue PAC?	
			X	Yes No
01/0.11				
Slold YI		r	9/19/2012	
Signifure of Tre surer		Dat		
Reason(s) for filing this form: Solution Original Designation of Treasurer/Acknowledgement of Acknowledgement of Acknowledgement of Designation or change of Deputy Treasurer	Appointment	Appointment .		
☐ Change of Committee name. The previous n	ame was: _			
☐ Change of Filing Location. The previous loc				
☐ Change of Office Sought from				
Other Please explain:				